

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1							51							
2		1						52							
3								53							
4								54							
5								55							
6								56							
7								57							
8	1							58							
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46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	2							TOTAL IND.							
TOTAL DEP.	12							TOTAL DEP.							
TOTAL CLAIMS	14							TOTAL CLAIMS							